

|                                                                                                                                                        |               |                                                                                                                                                                                         |          |                                                            |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------|-------------------|--|
| No. <b>W 143685</b>                                                                                                                                    |               | <b>Due no later than Oct 31, 2016</b>                                                                                                                                                   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |                   |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>RIVER CITY ANNEX, LLC<br>RIVER CITY ANNE<br>2120 E LANARK STREET<br>MERIDIAN ID 83642 |          | FRED S OLIVER<br>2120 E LANARK STREET<br>MERIDIAN ID 83642 |         |                   |  |
|                                                                                                                                                        |               |                                                                                                                                                                                         |          | 3. <u>New</u> Registered Agent Signature:*                 |         |                   |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |               |                                                                                                                                                                                         |          |                                                            |         |                   |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                                                                    | City     | State                                                      | Country | Postal Code       |  |
| MEMBER                                                                                                                                                 | FRED S OLIVER | 2120 E LANARK ST                                                                                                                                                                        | MERIDIAN | ID                                                         | USA     | 83642             |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                                                       |          |                                                            |         |                   |  |
| <b>ID<br/>W 143685</b>                                                                                                                                 |               | Signature: Michelle E White                                                                                                                                                             |          |                                                            |         | Date: 08/29/2016  |  |
|                                                                                                                                                        |               | Name (type or print): Michelle E White                                                                                                                                                  |          |                                                            |         | Title: Controller |  |
| Processed 08/29/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                               |          |                                                            |         |                   |  |